

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/567,913

FILING DATE

2-7-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		2			
2		1				
3		2				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10	1					
11	1					
12	2					
13	1					
14	1					
15	1					
16	1		2			
17		1				
18			1			
19			1			
20			1			
21			1			
22			1			
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49						
50						
TOTAL IND.	4		4			
TOTAL DEP.	14	←	11	←		←
TOTAL CLAIMS	18		15			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.					↓	
TOTAL DEP.		←		←		←
TOTAL CLAIMS						